

# Application for Renewal of Alcoholic Beverages License

## Board of Liquor License Commissioners for Baltimore City - Renewal 2015

### Establishment Information

|  |  |  |                                   |
|--|--|--|-----------------------------------|
| Corporate/ Partnership /Entity Name: NEW CASSELL, INC  |  |  |                                   |
| Trade Name: NEW CASSELL'S  |  | Class Type: LD                           | Bus Phone: 410-534-4884           |
| Location address: 1 S CURLEY ST  |  |  |                                   |
| Mailing Address: 1 S CURLEY ST   |  | City / State: BALTIMORE                  | ZIP Code: 21224                   |
| Are the operations open? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO         |  | If NO, when did it                       | Last 8 Digits Sales Tax: 09119532 |
| Is the property owned or leased? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  | If leased, expiration date: 9.3.15       |                                   |
| On what floors does your business operate? 1ST FLOOR   |  | Where is your alcohol Basement           |                                   |
| Provide capacity as per Fire Dept.? 50   |  | For Class "B" only over 150, list dining |                                   |
| If applicable: General Manager Name:   |  |  |                                   |
| Manager Phone:   |  | Email:                                   | Cell or                           |

### Licensee 1 Information

|   |   |                 |           |
|---|---|-----------------|-----------|
| Name: ROSITA CASSELL  |   |                 |           |
| Current Home address: 2706 DELK CT  |   |                 | How long? |
| Phone:  |   | E-mail:         | Cell:     |
| City: DUNDALK   | State: MD   | ZIP Code: 21222 |           |
| Date of Birth: 07/41  | Are you a City Resident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO City resident, how long? |                 |           |
| If not a City resident please list property owned on which taxes are paid: 411 N KENWOOD--139 BELNORD AVE |   |                 |           |

### Licensee 2 Information

|  |  |           |           |
|--|--|-----------|-----------|
| Name:  |  |           |           |
| Current Home address:  |  |           | How long? |
| Phone:   |  | E-mail:   | Cell:     |
| City:  | State:   | ZIP Code: |           |
| Date of Birth:   | Are you a City Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO City resident, how long? |           |           |
| If not a City resident please list property owned on which taxes are paid: |  |           |           |

### Licensee 3 Information

|  |  |           |           |
|--|--|-----------|-----------|
| Name:  |  |           |           |
| Current Home address:  |  |           | How long? |
| Phone:   |  | E-mail:   | Cell:     |
| City:  | State:   | ZIP Code: |           |
| Date of Birth:   | Are you a City Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO City resident, how long? |           |           |
| If not a City resident please list property owned on which taxes are paid: |  |           |           |

Below are a series of questions regarding your operations and all questions must be answered so that your application can be deemed complete. Note that all information must be provided under state law for license renewal. (Mark X below)

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| Do you owe any taxes on merchandise, fixtures of stock to the City or the State for FY 2014-2015 or previous years? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Is your corporation in "Good Standing" with the Maryland Department of Assessment and Taxation?                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Do you affirm that all taxes due to state and local agencies are current and up to date?                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Have you been convicted and/or found guilty for violating any local, State or Federal criminal offense?             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes, describe: _____ When: _____ Where: _____  |                                     |                                     |
| Do you provide live entertainment? (If not applicable answer NO)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Do you provide outdoor table service? (If not applicable answer NO)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Do you provide off premises catering of food and alcohol? (If not applicable answer NO)                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Do you have an up to date Alcohol Awareness Certificate? Expiration date: 8/23/15                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Are there any majority stockholder or corporate officer changes from last year?                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes, describe and provide information on stockholders: (significant change may require a new application):       |                                     |                                     |

Invoice  
14069  
check  
#  
609

| Questions Continued   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| Do you provide delivery services of alcohol and/or food?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Do you have Workers Compensation insurance? If yes enter policy # _____ Expiration Date _____<br>Insurance Carrier: _____ If No, please note, number of employee: _____ 0   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Do you directly or indirectly own or have any interest of any kind as owner, stockholder, financially or otherwise, in any establishment to or for which a license has been issued anywhere in the State of Maryland, or are you a creditor or have made any loans to license holder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, describe:   |                          |                                     |

## Signatures

I/We hereby certify that I/We are the licensed operator/s of the establishment applied for in this renewal for "Alcoholic Beverages License" for 2015-2016. I/We hereby authorize the Maryland State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of Liquor License Commissioners for Baltimore City, its duly authorized agents and employees, and any Maryland State Police Officer/Trooper, and any peace officer of the City of Baltimore, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

|   |                      |
|---|----------------------|
| Signature of licensee: <u>Rosita J. Caswell</u> | Date: <u>3/18/15</u> |
| Signature of licensee:                          | Date:                |
| Signature of licensee:                          | Date:                |

## AFFIDAVIT

STATE OF MARYLAND, City of Baltimore, ss:

I hereby certify that on the 18th day of March, 2015, before me, the subscriber, a notary public of the State of Maryland, in and for \_\_\_\_\_, personally appeared Rosita J. Caswell the applicant(s) named in this renewal application made oath in due form of law that the matter and facts contained in said application are true and correct.

As witness, my hand and notarial seal.

Karen Lee Kalinowski  
Name :



[Notary Seal]

My Commission expires 5/16/2018

## READ CAREFULLY

If any of the facts, other than age and home address have changed it will be necessary to apply for new license on the form required for a transfer and/or modification.

If this application is not filed on or before March 31, 2015 to the office of Board, 231 E. Baltimore Street, Suite 600, a late fee of \$50.00 per day may be imposed by the board up to a maximum of \$1,500.00 and the license will not renewed as of May 1, 2015.

### Application Fee \$50.00

Extract from Section 16-501 of Article 2B of the State of Maryland – Alcoholic Beverage Laws: If any signed statement, affidavit or oath required under the provisions of this Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon conviction thereof, shall be subject to the penalties by law for that crime.

For BLLC Staff Only: Please ADD Staff Initials and notes

|                         |                 |
|-------------------------|-----------------|
| Received Date:          | Contact Date(s) |
| Status : Complete Date: | Incomplete:     |